

House File 2471 - Introduced

HOUSE FILE _____
BY FORD

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act providing for a research initiative to address certain
2 medical errors.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
4 TLSB 6354HH 82
5 rh/nh/8

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1 1 Section 1. PATIENT SAFETY INITIATIVE == MEDICAL ERRORS.
1 2 1. If federal funding is received, the department of
1 3 public health shall establish an initiative to address patient
1 4 safety through the identification of medical errors. The
1 5 initiative shall also address the option of establishing a
1 6 statewide billing policy for health care made necessary by
1 7 preventable medical errors.
1 8 2. The focus of the initiative shall be the development of
1 9 a medical error reporting system that motivates health care
1 10 providers to report medical errors and that maintains
1 11 information reported in a systematic way that is useful to
1 12 health care providers. The reporting system should provide
1 13 that data collected is used to identify and address the
1 14 underlying systemic causes of medical errors, detect system
1 15 weaknesses, and prevent the occurrence of future errors.
1 16 3. The initiative shall emphasize the use of reported
1 17 medical errors not as a basis for blame and liability, but as
1 18 a basis for system improvement and prevention of future
1 19 errors. The system should encourage health care providers to
1 20 equate the reporting of medical errors with the protection of
1 21 patient safety through prevention of avoidable error, rather
1 22 than encourage nonreporting as a means of avoiding legal
1 23 liability. The initiative may utilize exclusive enterprise
1 24 liability, no-fault compensation, no-fault liability, or
1 25 liability limitations to protect health care providers who
1 26 report medical errors that result only in a no-harm event or a
1 27 near miss as means of eliminating the adversarial quality of
1 28 the current liability system. The initiative shall not apply
1 29 to medical errors that involve actions or omissions that
1 30 constitute negligence, recklessness, or intentional
1 31 misconduct.
1 32 4. For the purpose of this section:
1 33 a. "Medical error" means a failure of a planned action to
1 34 be completed as intended or the use of a wrong action to
1 35 achieve an aim. "Medical error" may include a problem in
2 1 practice, products, procedures, or systems.
2 2 b. "Near miss" means an event in which the unwanted
2 3 consequences were prevented through recovery by identification
2 4 and correction of the failure.
2 5 c. "No-harm event" means an event that has occurred but
2 6 resulted in no actual harm although the potential for harm may
2 7 be present.

EXPLANATION

2 8 This bill directs the department of public health to
2 9 establish an initiative to address patient safety through the
2 10 identification of medical errors if federal funding is
2 11 received and to address the option of establishing a statewide
2 12 billing policy for medical care made necessary by preventable
2 13 medical errors. The focus of the initiative is the
2 14 development of a medical error reporting system that motivates
2 15 health care providers to report medical errors and that
2 16 maintains information reported in a systematic way that is
2 17 useful to health care providers. The reporting system should
2 18 provide that data collected is used to identify and address
2 19 the underlying systemic causes of medical errors, detect
2 20

2 21 system weaknesses, and prevent the occurrence of future
2 22 errors. The emphasis of the initiative is the use of reported
2 23 medical errors not as a basis for blame and liability, but as
2 24 a basis for system improvement and prevention of future
2 25 errors. The bill provides that the initiative may utilize
2 26 exclusive enterprise liability, no=fault compensation,
2 27 no=fault liability, or liability limitations to protect health
2 28 care providers who report medical errors that result in a
2 29 no=harm event or a near miss as means of eliminating the
2 30 adversarial quality of the current liability system. The
2 31 initiative is not to apply to medical errors that involve
2 32 actions or omissions that constitute negligence, recklessness,
2 33 or intentional misconduct.
2 34 The bill defines "medical error", "near miss", and "no=harm
2 35 event".
3 1 LSB 6354HH 82
3 2 rh/nh/8